

PTO/SB/82 (01-06)

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/764,574
Filing Date	18 January 2001
First Named Inventor	Annunziata
Art Unit	3693
Examiner Name	Richard C. Welsberger
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Paul E Schaafsma, NovusIP, LLC				
Address	521 West Superior Street Suite 221				
City	Chicago	State	Illinois	Zip	60610-3135
Country	USA				
Telephone	312.664.0906	Email	pschaafsma@novusip.com		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

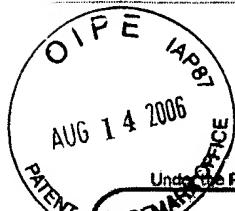
Signature			
Name	Vincent Annunziata		
Date	7-AUG-06	Telephone	203-327-7000 x 111

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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PTO/SB/81 (01-06)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/764,574
Filing Date	18 January 2001
First Named Inventor	Annunziata
Title	System for trading commodities ...
Art Unit	3693
Examiner Name	Richard C. Weisberger
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Paul E Schaafsma, NovusIP, LLC	32,664

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Paul E Schaafsma, NovusIP, LLC	
Address	521 West Superior Street Suite 221		
City	Chicago	State	Illinois
Country	USA	Zip	60610-3135
Telephone	312.664.0906	Email	pschaafsma@novusip.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Vincent Annunziata</i>	Date	7-AUG-06
Name	VINCENT ANNUNZIATA	Telephone	202-321-7000 ext 111
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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